ATTACHMENT A

SAMPLE "ALLOCATION NOTICE"

Date

Local Authority Contact Person Local Authority Street Address Suite or Office # City, State, and Zip

APPROVAL OF AREA PLAN AND NOTICE OF MAXIMUM REIMBURSEMENT ALLOCATION FOR STATE FISCAL YEAR ____

Dear:	
Pursuant to the terms of Contract #	between the Utah Department of Human
Services, Division of Substance Abuse ar	nd Mental Health (hereinafter referred to as
DHS/DSAMH) and (insert name of Local).	Authority as it appears on the original contract)
(hereinafter referred to as "Local Authority	y"), the Local Authority is hereby notified that its Area
Plan for the above-identified fiscal year ha	as been approved by DHS/DSAMH. The Local Authority bursement allocated to it for the stated fiscal year is
\$. This amount was do	etermined in accordance with the requirements of Utah
Code § 62A-15-108 and current Board po	olicy. It is the maximum amount DHS/DSAMH will provided during the fiscal year. Any portion of the
allocation not encumbered by the Local A	authority as of June 30 ^{th,} the end of the fiscal year, shall
lapse and the Local Authority shall have r	

The contract between DHS/DSAMH and the Local Authority requires the Local Authority to submit monthly billings to DHS/DSAMH for services rendered. It further requires the Local Authority to submit all final billings for services provided during the fiscal year no later than July 20, 200_. Payment of billings submitted later than July 20th may be delayed or denied by DHS/DSAMH.

The funding sources for the Local Authority's reimbursement allocation for the fiscal year are reflected in Table #1 below.

Table #1

CFDA OR STATE COMPLIANCE #	FEDERAL OR STATE (ORIGINAL) FUNDING SOURCE	ESTIMATED PERCENTAGE OR AMOUNT
	TOTAL	

With regard to Table #1, it is noted that the percentage of funding from any given funding source for the contract period may vary based on a number of factors, including the specific services purchased from the Local Authority, the frequency with which the Local Authority provides the services, and the eligibility of the clients served by the Local Authority.

The service category allocation for contract services to be provided by the Local Authority during the fiscal year is reflected in Table #2 below.

Table #2

I able #2				
Service Name	Service Category	Reimbursement Maximum Allocated for FY '		
		_		
	TOTAL			
The Local Authority shall provide the following "r Allocation Notice:	match" during	the fiscal year covered by this		
Cash in the amount	of \$	·		
In-kind services valu	ed at \$			
If the you have any questions about the information name of Division contact person) at telephone n		ocation Notice, please contact <u>(inse</u>		

Randall Bachman, Director

Very truly yours,

Division of Substance Abuse and Mental Health

cc: Bureau of Contract Management Richard Barker, State Division of Finance